

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185316</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRINCETON HEALTH &amp; REHAB CENTER, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1333 WEST MAIN STREET PRINCETON, KY 42445</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An Abbreviated Survey investigating Complaint KY#23255 was conducted on 05/27/15 through 05/29/15. KY #23255 was unsubstantiated with an unrelated deficiency cited at a Scope and Severity of a "D".	F 000			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	F 441			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/18/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, record review and review of facility policy it was determined the facility failed to ensure droplet precautions were observed for one (1) of six (6) sampled residents (Resident #5). Observation revealed Certified Nurse Aide (CNA) #7 entered Resident #5's room who was on Droplet Precautions and failed to wash hands and don mask prior to entering room.</p> <p>The findings include:</p> <p>Review of facility policy and procedure titled, "Infection Prevention and Control", last revised 12/19/13, revealed point #5 states "Isolation precautions will be followed when indicated".</p> <p>Record review revealed the facility readmitted Resident #5 on 05/12/15 with diagnoses to include Speech Language Therapy, Chronic Airway Obstruction, Depressive Disorder, and Anxiety State.</p> <p>Review of Resident #5's History and Physical, dated 05/12/15, revealed a thoracentesis was performed on Resident #5 for a large pleural effusion while an inpatient at the local hospital with Methicillin Resistant Staphylococcus Aureus</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>(MRSA) identified. The resident was placed on Droplet Precautions on return to the nursing home on 05/12/15 as a nursing preventative measure.</p> <p>Observation on initial tour of the facility on 05/27/15 at 12:25 PM revealed signage for "Droplet Precautions" affixed to the wall on the left side of the doorway leading into Resident #5's room (Room #108). Review of the Droplet Precaution sign on the door revealed to perform hand hygiene before entering and before leaving room, wear mask when entering room and dietary may not enter. Further observation revealed there were containers with various pieces of Personal Protective Equipment (PPE) to include gloves, masks, gowns, and a roll of plastic trash bags; hanging on the door.</p> <p>Observation on 05/27/15 at 12:30 PM revealed CNA #7 entered Resident #5's room without conducting hand hygiene and donning a mask prior to entering room. CNA #7 stood beside Resident #5's bed, spoke to the resident, picked up a tumbler containing a bendable straw with an ungloved hand and encouraged the resident to drink the liquid contained therein. She then left the room and entered a resident's room next door.</p> <p>Interview with CNA #7, on 05/27/15 at 12:35 PM, revealed she thought the precautions were because she might come in contact with body fluids. CNA #7 stated she did not know she was supposed to wear a mask when entering the "Droplet Precaution" room.</p> <p>Interviews on 05/29/15 with CNA #5 at 8:47 AM and Restorative CNA #6 at 8:55 AM, revealed if</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>they saw a Droplet Precaution sign outside a resident's door they would put a mask on before entering the room as breathing and coughing can spread the droplets.</p> <p>Interview on 05/28/15 at 8:35 AM with Licensed Practical Nurse (LPN) #1 revealed she expected any staff entering a room marked with any kind of precautions to observe those precautions whether it be just a mask, gown or gloves or all PPE, to protect the residents and themselves from the spread of infection.</p> <p>Interviews on 05/27/15 at 2:30 PM with Registered Nurse (RN) #1 and on 05/29/15 at 8:55 AM with RN #4 revealed they expected staff to don a mask when entering a "Droplet Precaution" room to render care to the resident.</p> <p>Interview on 05/29/15 at 8:20 AM with the Director of Nursing (DON) revealed she expected the staff to observe universal precautions with every resident in the facility, and if it was posted for a resident to have Droplet or Contact Precautions to don the appropriate equipment for those precautions.</p>	F 441			